



Missouri Ethics Commission (MEC)
 PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Missouri Ethics Commission

Office Use:

APR 17 2017

Statement of Committee Organization

1. Statement Information

Date: 4/14/17
 Type: New Amended (if amending, enter MEC ID C000450 & section changed 2, 5, 6)

2. Committee Information

Lyda Krewson for Mayor
 Name of Committee
502 Lake Ave, St. Louis, MO 63108 (314) 607-3452
 Committee Mailing Address, City, State, & Zip Telephone Number
St. Louis City Board of Elections
 County Clerk or Board of Election Commissioners
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last) _____ Treasurer's Email Address (optional) _____
 Treasurer's Mailing Address, City, State, & Zip _____ Treasurer's Home Telephone Number _____ Treasurer's Work Telephone Number _____
 Deputy Treasurer's Name (if one appointed) _____ Deputy Treasurer's Email Address (optional) _____
 Deputy Treasurer's Mailing Address, City, State, & Zip _____ Dep. Treasurer's Home Telephone Number _____ Dep. Treasurer's Work Telephone Number _____

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any) _____ Additional Committee Officer's Mailing Address, City, State, & Zip _____
 Connected Organization's Name (if any) _____ Connected Organization's Mailing Address, City, State, & Zip _____
 CANDIDATES: Do you have more than one candidate committee? Yes (refer to instructions on back) No

5. Official Bank Account Information (required by all committees)

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Lyda Krewson, 502 Lake Ave, St. Louis, MO 63108 (314) 607-3452 _____
 Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)
3/2/2021 Mayor, City of St. Louis Democrat Support
 Election Date Office Sought & Political Subdivision Political Party Support or Oppose

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure _____ Election Date & Political Subdivision _____ Support or Oppose _____

8. Signature(s) Check certification(s) & sign (required by all committees)

I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.

Clare Hudic _____ Lyda Krewson 4/14/17
 Committee Treasurer Candidate (Candidate Committees Only)